

Not CERCLA
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12-17-84

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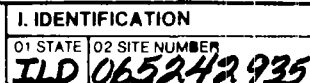
EPA WATER-IL 0004134 CRAWFORD EEN		POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT		I. IDENTIFICATION 01 STATE 02 SITE NUMBER ILD1065242935	
II. SITE NAME AND LOCATION					
01 SITE NAME (Legal, common, or descriptive name of site) DIV OF CELOTEX CORP		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 1000 W. PINE ST			
03 CITY ROBINSON		04 STATE IL	05 ZIP CODE 62454	06 COUNTY CRAWFORD	07 COUNTY CODE 033
08 COORDINATES LATITUDE 39 00 17.0		LONGITUDE 087 46 00.0		08 CONG DIST 22	
09 DIRECTIONS TO SITE (Starting from nearest public road) SEE ATTACHMENT'S ON THE BACK.					
III. RESPONSIBLE PARTIES					
01 OWNER (If known) A JIM WALTER CORP		02 STREET (Business, mailing, residential) 1500 N. DALE MARRY AVE			
03 CITY TAMPA		04 STATE FL	05 ZIP CODE 33607	06 TELEPHONE NUMBER (UNLISTED)	
07 OPERATOR (If known and different from owner)		08 STREET (Business, mailing, residential)			
09 CITY		10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER	
13 TYPE OF OWNERSHIP (Check one): <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: _____ MONTH DAY YEAR <input checked="" type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: 06/08/81 MONTH DAY YEAR <input type="checkbox"/> C. NONE					
IV. CHARACTERIZATION OF POTENTIAL HAZARD					
01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE 02/28/83 MONTH DAY YEAR <input type="checkbox"/> NO 06/17/81		02 BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____			
03 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		04 YEARS OF OPERATION 1969 BEGINNING YEAR — ENDING YEAR <input type="checkbox"/> UNKNOWN			
05 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED PESTICIDES (TOXIC/PERSISTANT)					
06 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION SOIL (POPM/ENVIR.)					
V. PRIORITY ASSESSMENT					
01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input checked="" type="checkbox"/> B. MEDIUM (Inspection required) <input checked="" type="checkbox"/> C. LOW (Inspect on time available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form)					
VI. INFORMATION AVAILABLE FROM					
01 CONTACT JOHN P. WARREN		02 OF (Agency/Organization) PLANT MANAGER		03 TELEPHONE NUMBER 618-5442151	
04 PERSON RESPONSIBLE FOR ASSESSMENT LARRY WINNER		05 AGENCY EPA	06 ORGANIZATION HSPS	07 TELEPHONE NUMBER 317-782 9918	08 DATE 10 26 84 MONTH DAY YEAR

EPA FORM 2070-12 (7-81)

EPA Region 5 Records Ctr.



296422



01 PHYSICAL STATES <i>Check all that apply</i>	02 WASTE QUANTITY AT SITE <i>Measures of waste quantities must be independent</i>	03 WASTE CHARACTERISTICS <i>Check all that apply</i>
A SOLID	TONS	A TOXIC
B POWDER FINES	CUBIC YARDS UNKNOWN	B CORROSIVE
C SLUDGE	NO OF DRUMS	C RADIOACTIVE
D OTHER		D PERSISTENT
<i>Specify:</i>		E SOLUBLE
E SLURRY		F INFECTIOUS
F LIQUID		G FLAMMABLE
G GAS		H IGNITABLE
		I HIGHLY VOLATILE
		J EXPLOSIVE
		K REACTIVE
		L INCOMPATIBLE
		M NOT APPLICABLE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE			
OLW	OILY WASTE			
SOL	SOLVENTS			
PSD	PESTICIDES	UNKNOWN		CONTAINED P.C.B.'S.
ODC	OTHER ORGANIC CHEMICALS			
IOC	INORGANIC CHEMICALS			
ACD	ACIDS			
BAS	BASES			
MES	HEAVY METALS			

[illegible]

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS			FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

IEPA-LAND-CRAWFORD GEN. FILE, & WATER FILES

WATER-IL0004134 SEPA CRAWFORD-GATEY POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS		1. IDENTIFICATION 01 STATE 02 SITE NUMBER ILD 065242935	
II. HAZARDOUS CONDITIONS AND INCIDENTS			
01 <input type="checkbox"/> A. GROUNDWATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION	POTENTIAL <input type="checkbox"/> ALLEGED <input type="checkbox"/>	
01 <input checked="" type="checkbox"/> B. SURFACE WATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED: <u>0</u>	02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION	POTENTIAL <input checked="" type="checkbox"/> ALLEGED <input type="checkbox"/>	
<i>Runoff from spray area</i>			
01 <input type="checkbox"/> C. CONTAMINATION OF AIR 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION	POTENTIAL <input type="checkbox"/> ALLEGED <input type="checkbox"/>	
01 <input type="checkbox"/> D. FIRE/EXPLOSIVE CONDITIONS 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION	POTENTIAL <input type="checkbox"/> ALLEGED <input type="checkbox"/>	
01 <input checked="" type="checkbox"/> E. DIRECT CONTACT 03 POPULATION POTENTIALLY AFFECTED: <u>2</u>	02 <input checked="" type="checkbox"/> OBSERVED (DATE <u>7-17-81</u>) 04 NARRATIVE DESCRIPTION	POTENTIAL <input type="checkbox"/> ALLEGED <input type="checkbox"/>	
<i>TWO MEN WERE SPRAYING WEEDS. WITH P.C.B.'S & PYRONAL.</i>			
01 <input checked="" type="checkbox"/> F. CONTAMINATION OF SOIL 03 AREA POTENTIALLY AFFECTED: _____ <small>(Address)</small>	02 <input checked="" type="checkbox"/> OBSERVED (DATE <u>7-17-81</u>) 04 NARRATIVE DESCRIPTION	POTENTIAL <input type="checkbox"/> ALLEGED <input type="checkbox"/>	
<i>P.C.B.'S IN WEED SPRAY</i>			
01 <input type="checkbox"/> G. DRINKING WATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION	POTENTIAL <input type="checkbox"/> ALLEGED <input type="checkbox"/>	
01 <input type="checkbox"/> H. WORKER EXPOSURE/INJURY 03 WORKERS POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION	POTENTIAL <input type="checkbox"/> ALLEGED <input type="checkbox"/>	
01 <input type="checkbox"/> I. POPULATION EXPOSURE/INJURY 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION	POTENTIAL <input type="checkbox"/> ALLEGED <input type="checkbox"/>	



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

ILD0065242 935

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLOFA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills in/t off standing liquids leaking drums)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED _____

04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFF-SITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

LEPA LAND-CRAWFORD GEN. FILE & WATER FILES

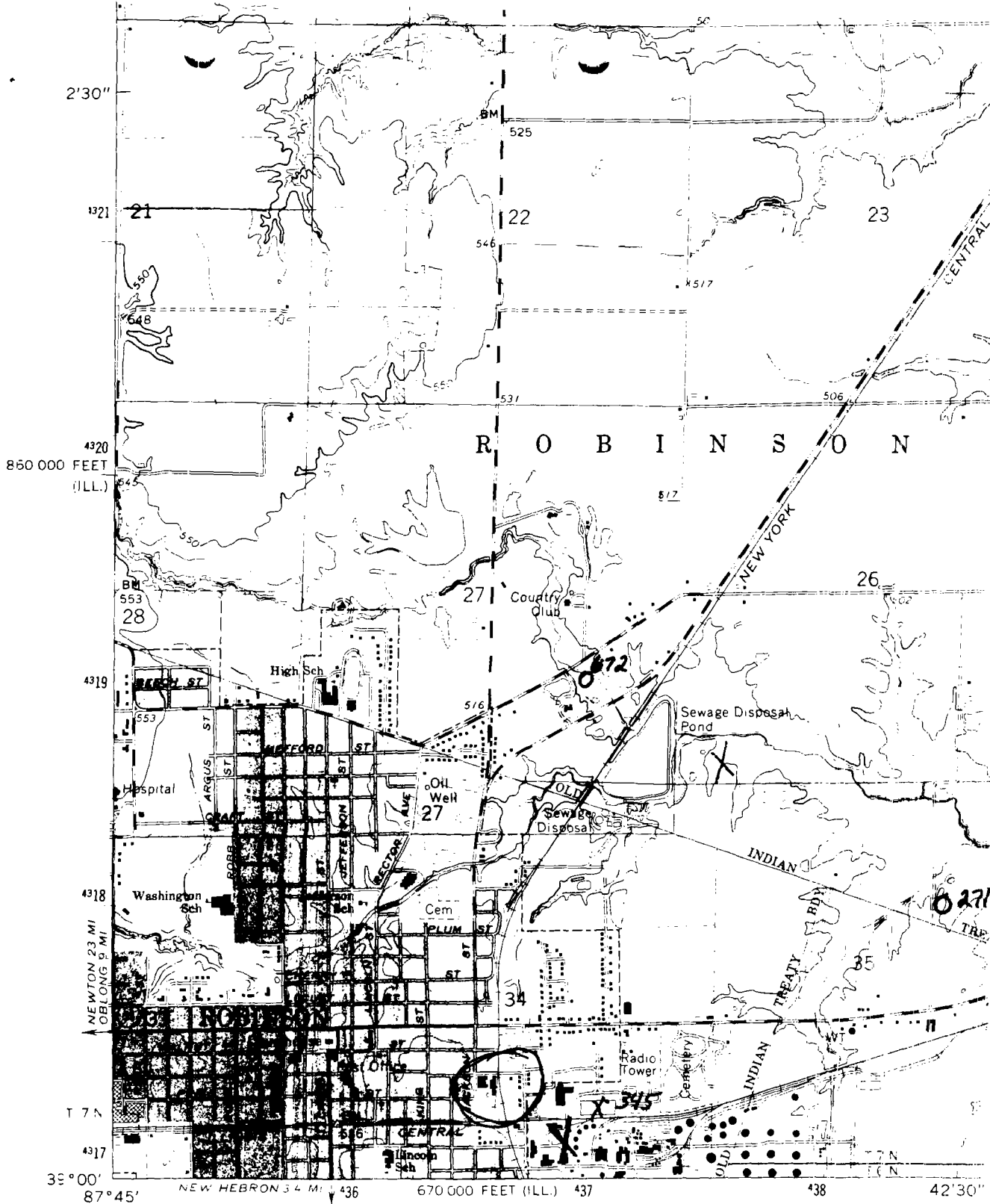
EXECUTIVE SUMMARY

Briggs Manufacturing Company, 1000 West Pine Street, Robinson, Illinois 62454. Crawford County, Lat. 39°-00'-17", Long. 087°45'-00". A division of Celotex Corp., subsidiary of James Walter Corp., 1500 North Dale Mabry Avenue, Tampa, Florida 33607. Person to contact: John P. Warren, Plant Manager (618) 544-2151. This facility manufactures ceramic bathroom fixtures. The waste clay generated in the manufacturing process is used back into that process. The waste water used is the manufacturing process which contains a small amount of clay, is pumped to and is held in the settling lagoons on the site. The water from the lagoons is treated and discharged in accordance with NPDES Permit No. IL0004154. All solid waste are shipped off site to an IEPA permitted landfill.

On July 17, 1981, two employees were sent out with a hand sprayer that contained pyronal (for weed control). After spraying was completed, the material used to spray was found to contain P.C.B.'s. Soil samples were taken by IEPA and a copy of the results are attached to the back.

This Agency recommends the F.I.T. contractor take soil samples in and around the site grounds and check for the migration of P.C.B.'s from this site. This Agency recommends a low priority for this facility.

LW:jk/sp/2546d,2



Mapped, edited, and published by the Geological Survey
Indiana area mapped in cooperation with Indiana
Department of Natural Resources

Control by USGS and USC&GS

Topography of Illinois area by photogrammetric methods
from aerial photographs taken 1964 and planetable surveys 1966
Planimetry of Indiana area by photogrammetric methods from
aerial photographs taken 1964 Topography by planetable surveys
1940 Revised 1966

Polyconic projection, 1927 North American datum
10,000-foot grids based on Illinois coordinate system, east zone
and Indiana coordinate system, west zone
1000-meter Universal Transverse Mercator grid ticks, zone 16, shown in blue

Red tint indicates area in which only landmark buildings are shown
Fine red dashed lines indicate selected fence and field lines where
generally visible on aerial photographs. This information is unchecked

(HARDINVILLE 1:62 500)
3461 IV

HUTSONVILLE
209-C

★ MN
GN. A
0°26' 25.0"
8 MILS 144 M 15

UTM GRID AND 1965 MAGNETIC NORTH
DECLINATION AT CENTER OF SHEET